

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							61				
2							62				
3							63				
4							64				
5							65				
6							66				
7							67				
8							68				
9							69				
10							70				
11							71				
12							72				
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30							90				
31							91				
32							92				
33							93				
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35							95				
36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	6						TOTAL DEP.				
TOTAL CLAIMS	8						TOTAL CLAIMS				